

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B	This return/report is <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)
D	If the plan is a collectively-bargained plan, check here ▶ <input type="checkbox"/>
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ <input type="checkbox"/>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan CASCADE ENGINEERING SERVICES, INC. 401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/1995
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CASCADE ENGINEERING SERVICES, INC. 6640 185TH AVE NE REDMOND, WA 98052	2b Employer Identification Number (EIN) 91-1973189
		2c Sponsor's telephone number 425-829-7550
		2d Business code (see instructions) 541330
3a	Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN
		3c Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN
		4d PN
5a	Total number of participants at the beginning of the plan year	5a 112
b	Total number of participants at the end of the plan year	5b 106
c(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1) 66
c(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2) 58
d(1)	Total number of active participants at the beginning of the plan year	5d(1) 63
d(2)	Total number of active participants at the end of the plan year	5d(2) 59
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e 20

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	02/10/2025	RACHEL ROGAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year..... (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2934931	2442219
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	2934931	2442219
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	0	
(2) Participants	8a(2)	136279	
(3) Others (including rollovers)	8a(3)	65924	
b Other income (loss)	8b	431589	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		633792
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1108006	
e Certain deemed and/or corrective distributions (see instructions) .	8e	5369	
f Administrative service providers (salaries, fees, commissions)	8f	13129	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1126504
i Net income (loss) (subtract line 8h from line 8c)	8i		-492712
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2F 2G 2J 2T 3B 3D 3H
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		18634
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a
b	PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. <input type="checkbox"/> No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. <input type="checkbox"/> No. Other. Provide explanation _____	

12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. _____ Month _____ Day _____ Year _____	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		
b	Enter the minimum required contribution for this plan year	12b
c	Enter the amount contributed by the employer to the plan for this plan year	12c
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Part VII Plan Terminations and Transfers of Assets

13a	Has a resolution to terminate the plan been adopted in any plan year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	
13c(1)	13c(2)	13c(3)
Name of plan(s):	EIN(s)	PN(s)

Part VIII IRS Compliance Questions

14a	Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14b	If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
	<input type="checkbox"/> Design-based safe harbor method <input type="checkbox"/> "Prior year" ADP test <input checked="" type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A
15	If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>11/14/2022</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702518A</u> .

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Cascade Engineering Services, Inc. 401k Plan

01-JAN-23 to 31-DEC-23

25-JAN-24 17:00:58

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IJSIIX			89,200.20	85,374.23
IJTTIX			33,804.47	29,513.22
IJNSIX			2,617.29	2,817.65
IJSMIX			34.86	355.07
ISRJIX			797.71	904.14
ISMTIX			7,022.33	7,761.82
IJSAIX			18,692.14	19,158.69
IJTSIX			13,565.13	14,564.32
IIVIAIX			95,185.69	103,757.12
IODVYX			39,012.42	31,339.28
IOGLYX			186,162.09	188,108.58
IOIGYX			22,550.47	23,743.55
I VWIGX			16,680.91	16,367.22
IVGSLX			40,931.53	38,845.20
IGSSIX			38,534.96	28,842.60
ILADYX			168,008.00	149,430.16
IVSMAX			62,635.37	102,215.55
IMGRXTM			68,847.49	76,679.35
IFLMVX			133,036.66	122,088.23
IVEXAX			22,798.11	35,621.59
I SEEGX			316,727.14	426,412.32
IJVAAX			373,992.57	375,008.87
IVFIAX			78,083.29	103,283.15
IAGDAX			34,672.30	31,351.05
IDEEIX			12,041.25	12,368.88
IDIBRX			34,109.80	30,307.66
IMBFIX			155,663.84	137,614.28
IPCSV25			224,732.59	225,903.41
			2,290,140.61	2,419,737.19
PARTICIPANT LOANS	VARIOUS	4.250-6.250	18,606.00	18,633.51
FORFEITURES			3,848.67	3,848.67

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Cascade Engineering Services, Inc. 401k Plan

01-JAN-23 to 31-DEC-23

25-JAN-24 17:00:58

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1JSIIX JPMorgan SmartRetirement Income R5
 1JNSIX JPMorgan SmartRetirement 2025 R5
 1SRJIX JPMorgan SmartRetirement 2035 R5
 1JSAIX JPMorgan SmartRetirement 2045 R5
 1IVIAX Delaware Ivy International Core Equity A
 1OGLYX Invesco Global Y
 1VWIGX Vanguard International Growth Fund Inv
 1GSSIX Goldman Sachs Small Cap Value - Intl
 1VSMAX Vanguard Small Cap Index Adm
 1FLMVX JPMorgan Mid Cap Value L
 1SEEGX JPMorgan Large Cap Growth I
 1VFIAX Vanguard 500 Index Admiral
 1DEEIX Delaware Extended Duration Bond Inst
 1MBFIX Allspring Core Bond Institutional

1JTTIX JPMorgan SmartRetirement 2020 R5
 1JSMIX JPMorgan SmartRetirement 2030 R5
 1SMTIX JPMorgan SmartRetirement 2040 R5
 1JTSIX JPMorgan SmartRetirement 2050 R5
 1ODVYX Invesco Developing Markets Y
 1OIGYX Invesco Oppenheimer Int'l Growth Y
 1VGSLX Vanguard Real Estate Index Admiral
 1LADYX Lord Abbett Developing Growth I
 1MGRXTM Empower T Rowe Price MdCp Gr Fund Inv
 1VEXAX Vanguard Extended Market Idx Adm
 1JVAAX JPMorgan Value Advantage A
 1AGDAX AB High Income A
 1DIBRX BNY Mellon International Bond I
 1PCSV25 Putnam Stable Value Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year